

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
COMMUNICATIONS SERVICES TAX RETURN

Tax Period End Date ☐ Quarterly Filer

FOR DRA USE ONLY

STEP 1
Please
Print or Type
(Use form
DP-144 to
Change
Address)

Reseller/Company

Registration #

Address

FEIN

City

State

Zip Code+4

SSN

STEP 2
Special
Return

Check if applicable:

☐ Initial Return
1st Filing☐ Amended
Return☐ Final
ReturnBusiness
SoldBusiness
Discontinued

STEP 3
Figure
Your Tax

1. Total Amount of Gross Charges Billed During the Month 1

2. Deductions:

(a) Gross Charges Billed to Federal Government 2(a)

(b) Gross Charges Billed to State and Local Government 2(b)

(c) Gross Charges Billed to Reseller with certificate 2(c)

(d) Other (Identify) 2(d)

Total Deductions [sum of lines 2(a) through 2(d)] 2

3. Gross Charges Upon Which Tax is Imposed (line 1 minus line 2) 3

4. Amount of Tax [Line 3 x applicable rate (see instructions)] 4

5. Tax on Cash Receipts From Coin Operated Telephones:

CASH RECEIPTS**TAX RATE**

(a) Tax Excluded X 7% = 5(a)

(b) Tax Included X 6.54% = 5(b)

Total Tax On Cash Receipts From Coin Operated Telephones [Sum of lines 5(a) & 5(b)] 5

6. NH Communications Services Tax (Sum of lines 4 & 5) 6

STEP 4
Figure Your
Tax, Credits,
Interest and
Penalties

7. Payments
and
Credits:

(a) Tax paid with application for extension 7(a)

(b) Payments from estimated taxes 7(b)

(c) Credits carried over from prior return 7(c)

(d) Tax payments made to another reseller 7(d)
(Line 7(d) amount cannot exceed the amount on Line 6)

(e) Paid with original return (amended returns only) 7(e)

Total Payments and Credits [sum of lines 7(a) through 7(e)] 7

8. Balance of Tax Due (Line 6 minus line 7) 8

9. Additions
to
Tax:

(a) Interest (See instructions) 9(a)

(b) Failure to Pay (See instructions) 9(b)

(c) Failure to File (See instructions) 9(c)

(d) Underpayment of Estimated Tax (See instructions) 9(d)

Total [sum of lines 9(a) through 9(d)] 9

STEP 5
Balance
Due or
Overpayment

10. BALANCE DUE: (Sum of lines 8 and 9) Make check payable to: State of New Hampshire 10

11. OVERPAYMENT: (line 7 minus lines 6 and 9, if applicable, to be applied to next months return) 11

STEP 6
Signatures

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.)



POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

SIGNATURE (IN INK) OF RESELLER (Proprietor, Partner or Corporate Officer)

SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN RESELLER

PREPARER'S FEIN OR PTIN

PRINT SIGNATORY NAME & TITLE

DATE

PREPARER'S ADDRESS

MAIL TO: NH DRA
 DOCUMENT PROCESSING DIVISION
 PO BOX 2035
 CONCORD NH 03302-2035

CITY/TOWN

STATE

ZIP CODE+4

COMMUNICATIONS SERVICES TAX RETURN

GENERAL INSTRUCTIONS

WHO MUST FILE

ALL RESELLERS. Resellers means all persons, whether natural, corporate or otherwise, who engage in the business of making sales of communications services at retail. It includes, but is not limited to, persons who operate or provide telephone, telegraph, cellular mobile communications services, paging services, facsimile transmission services, and party line services. It also includes hotels and other businesses who sell telecommunications services to guests or other persons at retail.

WHEN TO FILE

Monthly returns are due and must be postmarked no later than the fifteenth day of the month following the close of each calendar month. Quarterly returns are due and must be postmarked no later than the fifteenth day of the month following the close of the calendar quarter. Taxpayers with a tax liability that is consistently under \$100 per month may file quarterly.

WHERE TO FILE

MAIL TO: NH DRA, DOCUMENT PROCESSING DIVISION, PO BOX 2035, CONCORD, NH 03302-2035

FACSIMILE RETURNS ARE NOT ACCEPTED**EXTENSION TO FILE**

A reseller may request a thirty-one (31) day extension of time for filing a return by submitting Form DP-137 to the NH DRA no later than the due date of the original return. Extensions are subject to approval. See Form DP-137.

AMENDED RETURN

New Hampshire does not have a separate form for amended communications services tax returns. To file an amended return check the AMENDED RETURN box in Step 2 on the return and file the corrected information. An explanatory statement must be attached to the amended return pursuant to Rev 1611.03.

ADDRESS CHANGE

A reseller or agent must report any address changes under separate cover by filing a Form DP-144, Communications Services Tax Registration Change Request Form contained in this booklet.

NEED FORMS?

To obtain any forms referenced in this document, you may access our website at www.nh.gov/revenue or call the forms line at (603) 271-2192.

STEP 1 RESELLER IDENTIFICATION

Indicate in the space provided the tax period end date. If the return is for a quarterly filing period, check the *quarterly filer* box. Print reseller/company name and address, 3-digit CST Registration number issued by the NHDRA, Federal Employer Identification Number (FEIN), or Social Security Number (SSN).

STEP 2 SPECIAL RETURN TYPES

Check the appropriate box to indicate if this is the initial return filed (1st filing), amended return or final return (business sold or discontinued). If this is a final return, indicate the date the business was sold or was discontinued in the box provided.

TOTAL GROSS CHARGES

Line 1 Enter the total gross charges for communications services for the tax period. GROSS CHARGES means the amount charged for communications services to the taxpayer's service address in this state regardless of where such amount is billed or paid. COMMUNICATIONS SERVICES as defined in RSA 82-A:2, III means services for transmitting, emitting, or receiving signs, signals, writing, images, sounds, or intelligence of any nature by any electro-magnetic system capable of 2-way communications.

DEDUCTIONS

Line 2(a) Enter the total gross charges billed to the Federal Government.
Line 2(b) Enter the total gross charges billed to the State and Local Government.

EXEMPTION FOR RESELLER

Line 2(c) All resellers of communications services shall apply to the NH DRA for a resale number pursuant to RSA 82-A:9 by filing a Form DP-143. Customers shall present their resale number to a provider of communications services for allowance of a tax exemption.

CALCULATION

Line 2(d) Enter other deductions as permitted by RSA 82-A. Attach a brief explanation and/or calculation to support this amount.

Line 2 Enter the total of lines 2(a) through 2(d) showing negative amounts in parenthesis.

Line 3 Enter the gross charges upon which tax is imposed (line 1 minus line 2).

RATE OF TAX

Line 4 Use applicable tax rate to calculate Communications Services Tax due other than coin operated telephone communications. To calculate tax on coin operated telephones, see applicable rates in Line 5 of this return.

TAX PERIOD	TAX RATE
4/1/90 - 6/30/91	5.0%
7/1/91 - 6/30/93	6.0%
7/1/93 - 6/30/01	5.5%
7/1/01 - Present	7%

COIN OPERATED TELEPHONES

Line 5 Resellers who provide communications services using coin operated telephones are subject to tax. The tax may be calculated using the 7% tax exclusive tax rate or the 6.54% tax inclusive tax rate for tax periods beginning on or after 7/1/01. Refer to TIR 97-003 and TIR 2001-008 available on our web site at www.nh.gov/revenue for specific details regarding coin operated telephones and the Communications Services Tax. For the tax inclusive rates prior to 7/1/01, contact the NH DRA at (603) 271-2191.

TOTAL

Line 6 Enter the sum of Line 4 and Line 5.

PAYMENTS

Line 7(a) EXTENSION PAYMENT. If you made a payment with an application for extension of time to file, enter amount on line 7(a).

Line 7(b) ESTIMATED PAYMENT. If you made an estimated tax payment enter amount on line 7(b).

Line 7(c) OVERPAYMENT FROM PRIOR RETURN. If you have a credit balance from your prior monthly (or quarterly) return enter the amount on line 7(c). If you received a Notice of Credit Adjustment from the NH DRA pertaining to your CST return, enter the credit amount identified on the next tax period return to be filed.

Line 7(d) TAXES PAID TO ANOTHER RESELLER. Enter amount of Communications Services Tax that you paid to another reseller on line 7(d). Amount cannot exceed the amount on line 6 of the return.

Line 7(e) When filing an AMENDED return, enter the amount remitted with the original Communications Services Tax return.

Line 7 Enter the sum of Lines 7(a) through 7(e).

Line 8 Balance of Tax Due. This is the amount of Line 6 minus 7. If negative, enter the amount in brackets i.e. (\$20.00).

COMMUNICATIONS SERVICES TAX RETURN

GENERAL INSTRUCTIONS (continued)

INTEREST AND PENALTIES

Line 9(a) Interest is calculated on the balance of tax due (Line 8) from the original due date to the date paid at the applicable rate listed below.

$$\frac{\text{Number of days} \times \text{Daily rate decimal equivalent} \times \text{Tax Due (Line 3)}}{360} = \text{Interest due}$$

NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows:

PERIOD	RATE	DAILY RATE DECIMAL EQUIVALENT
1/1/2011 - 12/31/2011	6%	.000164
1/1/2010 - 12/31/2010	6%	.000164
1/1/2009 - 12/31/2009	7%	.000192
1/1/2008 - 12/31/2008	10%	.000273
1/1/2007 - 12/31/2007	10%	.000274

Contact the Department for applicable rates for any other tax periods.

Line 9(b) FAILURE TO PAY: A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the reseller fails to pay the tax when due. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.

Line 9(c) FAILURE TO FILE: A reseller failing to timely file a complete return may be subject to a penalty equal to 5% of the tax due or \$10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return is filed.

Line 9(d) UNDERPAYMENT PENALTY: If your tax liability is more than \$10,000 per month you were required to file estimated tax payments during the taxable period and may be subjected to an underpayment penalty if you did not file the appropriate amount of estimated tax payments. Pursuant to RSA 21-J:32, the penalty is from the due date of the installment to the due date of the return, or the date on which such portion is paid, whichever is earlier.

SUBSTANTIAL UNDERSTATEMENT PENALTY: Taxpayers who substantially understate their tax on line 6 may be assessed a penalty by the NH DRA in the amount of 25% of any underpayment of the tax resulting from such understatement. A substantial understatement is one which exceeds the greater of 10% of the amount of tax on line 6 or \$5,000.

Line 9 Enter the sum of Lines 9(a) through 9(d).

BALANCE DUE OR OVERPAYMENT

Line 10 Enter the sum of Lines 8 and 9. Make checks payable to the State of New Hampshire.

Line 11 Enter the amount of Line 7 minus Lines 6 and 9, if applicable.

POA

By checking the POA box, the taxpayer authorizes the staff of the NH DRA to discuss this return with the preparer listed on the front of the return. This is a limited POA for this return only. The NH DRA may request a completed Form DP-2848 for discussion of any other tax period or matter. Form DP-2848 is required to authorize an agent to file on your behalf and to permit the use of an alternative method of signature pursuant to Rev 2904.06.

SIGNATURES

You **MUST SIGN AND DATE** your return in ink. If the return is prepared by someone other than the reseller, the return must also be signed and dated in ink by the preparer and the preparer's federal employer identification number or tax identification number and address must be filled in. If an agent is designated to sign returns on behalf of the reseller, a Power of Attorney, Form DP-2848, must be completed and submitted or on file with the NH DRA. Agents may utilize an alternative method of signature as provided in Rev 2904.06.

ALTERNATIVE METHOD OF SIGNATURES

The authorized agent shall file a written request for approval of the use of an alternative method for signing 30 days prior to the date of filing the return or amended return. Written requests for approval of the use of an alternative method for signing shall include the following:

1. Taxpayer name, address and taxpayer identification number;
2. Authorized agent's name, address, and tax identification number; and
3. A copy of a power of attorney authorizing the agent to file the return on behalf of the taxpayer.

Upon receipt of approval from the NH DRA, authorized agents may sign original or amended returns, by means of:

1. Rubber stamp;
2. Mechanical device; or
3. Computer software program

Signers shall not affix a facimile signature other than their own. The use of an alternative method of signing shall have the same legal effect as a handwritten signature. The Power of Attorney authorizing the agent to file on behalf of the reseller shall remain in effect until rescinded or based upon an expiration date referenced on the POA.